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23410 7590 04/17/2008

Vista IP Law Group LLP
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<i>Jocelyn L. Lee</i>	(Depositor's name)
<i>7/15/08</i>	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/684,086 10/10/2003 Kimbolt Young 03-255 US 3032

TITLE OF INVENTION: MULTI-ZONE BIPOLAR ABLATION PROBE ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/17/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
COHEN, LEE S		3739	606-041000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(A) NAME OF ASSIGNEE

BOSTON SCIENTIFIC
 SCIMED, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Typed or printed name _____

Date 7/15/08

43,577

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